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PHILOSOPHY, RELIGION AND SCIENCE.*

BY HENRY BURCHARD, M. D., PHILA.

Apparently one of the earliest effects of philosophical and scientific study upon the mind of a student is its seeming opposition to what has been instilled into him as his system of theology, or, as he terms it, his religion.

Upon how insecure a basis his belief in this rests is made evident when the primary investigations of philosophy, either scientific or ongotological, make his early convictions totter at the first onset.

Too frequently through such a shock he dismisses much of that he has cherished, and questions the remainder.

That certain portions have been demonstrated fallacious is to him quite enough to invalidate the claims of what is called revealed religion may have as a basis of truth. The very hastiness of this conclusion would be to a trained mind sufficient to cause doubt as to its justice.

The novice in these matters arrives at lame conclusions by the same species of intuition which frequently characterizes the mental operations of ignorant women.

The outcome is some modification of atheism, or at the best crude materialism or a vague agnosticism. Numerous examples might be cited to show this secondary bigotry of atheism to be quite as intolerant as the discarded ideas of theological dogmatists.

Many students enact in their own persons a miniature of the warfare which has always been waged between pronounced dogmatists on the one hand, and advanced thinkers on the other.

The history of the development of his mental processes will reflect throughout its course the general history of the contention which has lived, weak, then vigorous, vigorous then weak, during the past three thousand years.

It is unnecessary here to attempt any extensive or detailed history of this contention. Draper, Lecky, Buckle and others have enlarged as to this matter, and quotations from their works to be sufficient would require a volume in itself.

Should there be curiosity as to details, one will find extensive enough bibliography to satisfy the most exacting.

One should, however, to gain proper comprehension of the subjects involved, have for parallel reading a good history of the Church; say Kurtz's, Schaff's, or even Hurst's, and a sound history of philosophy, or two, Lewes' and Ueberweg's.

The question which immediately concerns and interests us is why should there be strife? Why has it been, and why does it live even to-day?

In this, as in all controversies, we recognize that extremes are rarely in the right. To paraphrase one of Dr. Garretson's sentences: "A man standing with his eye at the periphery of a sphere cannot see around it; most of the boundary is beyond his vision."

The two sets of persons represented frequently place themselves at the extremes of a diameter, and so their true opinions can never meet at all.

There is always a common ground upon which any two contending factions may meet, but the existence of this means does not necessitate that it shall ever be attained. Opposing forces may be

*This address was given before the students of the Philadelphia Dental College as a preparatory lecture to the opening of the Garretsonian Society course.

unfortunately placed in positions of such positivity that all elasticity is lost, each obstinately, rigidly fixing itself in absolute antagonism to the other. There is need of no comment to show how fruitless is such a course.

No one, no faction, can justly lay claim to infallibility, as we are all finite creatures, less than the total finite, any and all are open to error in matters finite, and, therefore, absolutely ignorant as to the infinite.

As to this matter, there is always doubt as to truth and error in the abstract; both are terms of comparison, creations of man's reason. Every question has its antithesis, and it is not always within our means to distinguish what is substance and what shade.

For the purposes of this discourse, we may divide the whole of mankind into two classes, and each class will have all gradations of type in it; this division will be as one or the other of two criteria is taken as a standard of belief, and yet each one in either class has his individual criterion in himself.

These two bases are faith and reason. By common conception these are regarded as the two poles of a bar magnet. Two poles they are, but the influence driving the negative and positive forces apart is not as great as it at times appears; as in the magnet there is a space where we find a blending of the two, this the part farthest removed from the extremes. From this ground of mingling the separation proceeds, until fanaticism is found at one pole and absolute skepticism at the other.

The bending of this bar magnet into a closed ring has been an attempted task from time immemorial.

All systems of philosophy and theology have been subjected to the bending process by their thinking followers.

In theology this has invariably resulted in the formation of two types of belief, one for the vulgar, the other for those of the inner circle. As instancing this, Herodotus more than hints at the gulf separating the spirit of the belief of the higher priests, those of the inner temples, from that of the masses, among the Egyptians and Babylonians.

Plato in the "Apologia" uses words conveying the impression that there is one theology for philosophers, another for the unthinking, the undeveloping. The various degrees and stages of this are made evident to us through the researches of "comparitive mythologists." This, however, indicates a common starting point of both classes or types of belief.

There must have been a time of zero, and the present high temperature of dispute is an outcome of their gradual growth of dissension.

The only solution to be found as to the problem of the why of this must come through psychologic analysis; this involving an examination of the elements underlying belief, which will necessitate the playing of sciolist in a science as yet in its infancy, one in which speculation plays a large part.

We all conceive and concede that man alone possesses the feeling called religion. That is he is the only creature possessing in any degree an abtract something of that nature. Whatever influence Prof. Garner's researches into simian language may have in the future has at present no weight here.

The belief in a something higher or beyond the material creation, a power dominating it, seems to be universal.

Sir John Lubbock believes in the existence of non religious races. Tylor on the contrary says no such races do exist. This is a conflict of great authorities, but the weight of evidence appears to be with Tylor. This belief may perhaps be traced to vanity, for of all characteristics this one vanity is the most general in mankind.

Thus, a man at a time antedating any recognition of systematic reasoning lays plans, in a crude manner, to the extent of his experience (and this is every man's limit); they succeed, and he credits it to his own erudition. The corpulent (I) has done this; but let him fail—it is impossible that so great and wise a creature can err, or as he probably thinks, this should be and is not; ergo, an inimical influence has been at work to thwart him.

A thing or power which can do this is an influence to fear and be propitiated, and he sacrifices to this unseen power. We need not look further than this for the origin of devil worship or the belief in a god to be feared.

Step by step this must progress and be modified until recorded beliefs are found. From the fetish worshiper of Africa to the modern deist; from the

Valhalla of the Norseman to the soul absorption of the Braman, and we have between all phases in a belief in a something higher and beyond the mundane; from the cosmology of the primitive Aryans to the nebular hypothesis; from the idea of the creation of man as held by the American Indian to the theory of natural descent, or the germ plasm—all these attempts to discover cause.

A proper inquiry now is, "What is religion?" Again, "What is philosophy?" Max Muller, quoting from Schleiermacher, gives this as a definition: "Religion is the immediate consciousness of all that is finite within the infinte; of all that is temporal within the eternal."

Spinoza says: "Religion is conscious morality; a morality which in virtue of that consciousness is mindful of its orgin from God." Also, "A love of God founded upon a knowledge of his divine perfections." Rather a contrast this, to a God of Wrath.

A man who could feel thus receives the condemnation and curses of a theological sect which he has discarded, and is made the victim (?) of a form of excommunication savoring strongly of voodooism. This example of theology trampling upon its highest factors does not stand alone. The Church of the Middle Ages and later can furnish many such instances.

Give religion whatever definition we may, it is intrinsically the prompting to a worship of the first cause.

The superstructure built upon this may take or have any form from fetishism to transcendentalism.

Such a superstructure is a "System of Theology." While religion itself, the religious feeling, must be considered as an abstract quality, the force which makes this feeling evident, persists, and sooner or later a believer demands "form for abstraction, and in the building of this arises the science of theology, created, nurtured and modified by man according to his needs.

Religion the spirit; theology the body. Religion bearing the same relation to theology that justice bears to law. Religion persistent, indestructible; theology evanescent—to this there can perhaps be no exception.

Philosophy is literally a love of wisdom. In a system; it is the science which seeks comprehension of the first cause, the ultimate. As understood by the positivism of Comte it is virtually a generalization of the sciences. This remark may also be applied to the synthetic philosophy of Spencer and the cosmic philosophy of Fiske. These are not to be identified with positivism, or for that matter with materialism as the term is generally understood.

We may say that "philosophy bears the same relation to science that cosmology bears to meteorology."

We have thus religion, a desire to worship; philosophy, a desire to comprehend. One is intrinsically suggestive of as much reverence as the other.

In this respect they do not collide; whatever conflict there has been and is is between theological and philosophical systems.

The theologian accepts as his basis of opinion the quality called faith.

The philosophical inquirer draws his conclusions by the means of his reason; this may or may not be unprejudiced.

The class which forms a code of faith is the one always in the majority, the body which comes to rest.

The restless moving class in the constant exercise of faculties lying dormant in former regards the exercise of those facuities as almost the sole purpose of existence.

Regarding the brain as an organ of mind its highest function is the formulation and correlation of thought.

One thought alone and man may not differ from brute creation; his distinguishing feature arises through the coordination of these impulses into reason.

This term co-ordination is, to be sure, a comparative one; for what would be a co-ordination in one individual would form but a fraction of the process in another.

This is exemplified in the difference there is between an educated and an uneducated man. Recall at this point Dr. Garretson's distinction between educated and common sense, a matter to which we cannot attach too much weight in comparing conflicting opinions.

A man's individual reason is his individual measure for all questions which confront him; and this is directly dependent upon the extent of his education.

Education of any kind consists of

an increase of the irritability of the nervous system. Whether this be the responses in a musician, artist or artisan, a mathematician or what not, it is resolvable into increased irritability.

From the mental processes of a Helmholtz, to whom is almost obvious the differential calculus, to the Australian savage, who laboriously counts his few numbers, and the difference is in the extent of co-ordination.

The significance of the term reason, therefore, depends upon interchange in and between the cells of the cerebral cortex. As stated in the extent of this each individual is a law unto himself.

So reason may be defined as the co-ordination of thought. Faith is in itself an appeal; an acquiescence in the domination of the emotional faculties. It represents a form of the co-ordination of thought, but in a fixed and limited degree.

Those who subscribe to reason unrestrained are the untheological; those to faith, the theological.

The best of both classes are religionists, and in point of sincerity one is as honest as the other.

We have now to discuss a question of cerebration.

As near as man can get to true stable knowledge should be acquired through a three-fold pyschologic operation. A synthesis, first; second, an analysis; this followed by a second synthesis. It might be demonstrated that psychologically this is the true method.

Viewing the matter as a materialist, one would say certain impressions are made upon a sensitive and retentive medium. These single impulses are gathered one by one as material for the action of the mind. This will correspond to the primary synthesis.

The mutual and voluntary interactions between these impressions and their results; a process of introspective rending into parts until all operation between the thoughts is of the nature of a co-ordination, and this is the analysis.

Third, for the second synthesis. These classified impressions are now built into a tissue possessing continuity, the extent of which tissue depends upon the number and variety of primary impressions.

The scientific world as a body is mainly engaged in process number one; for we recognize the inductive process to be the most valuable; and so followers of the second stage are individuals rather than classes.

Too many in all pursuits never get beyond the primary synthesis. The analysts seem few, but are more numerous than those who take the third step and impress individuality upon their opinions.

One man, living, observing moving in a straight line; another pauses ever and anon, to look back over his journey, and those who describe a circle in their intellectual peregrinations appear to be the exception.

From the days when men blindly worshiped through fear the thunder personified, and all natural phenomena for that matter, to these times of caviling theology, and too often atheistic agnosticism, and by what steps, through what causes, have we had such histories, such results?

It is idle to place philosophy and religion in opposition, as it is but showing the two sides of a shield.

To be continued.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

Continued from last number.

Experiment II.

Rat terrier, weighing 10,120 gm., received on

June	Gm.
2	0.7
3	0.7
4	0.7
5	0.7
6	1.0
7	1.0
8	1.0
9	1.0
10	2.0
11	2.0
12	2.0
13	2.0
14	2.0
15	2.0
16	2.0
17	2.0
18	3.0 (staggers greatly)
19	3.0 (falls over)
20	Discontinued
21	3.0
22	4.0
23	Died in morning

Total quantity, 33.8 gm.

Experiment III.

White rabbit, weighing 1340 gm.

June	Gm.
2	0.2
3	0.2
4	0.2
5	0.2
6	0.2
7	0.2
8	0.2

9	0.2
10	0.2
11	0.2
12	Discontinued; eats badly
13	0.2
14	0.2
15	0.2
16	0.2
17	0.2
18	0.4
19	0.4
20	0.4
21	0.4
22	0.4
23	0.4
25	0.5
26	Died in morning

Total quantity, 6.3 gm.

Experiment IV.

Black rabbit weighing 1350 gm.

June	Gm.
2	0.2
3	0.2
4	0.2
5	0.2
6	0.2
7	0.2
8	0.2
9	0.2
10	0.2
11	0.2
12	Discontinued
13	0.2
June	Gm.
14	0.2
15	0.2
16	0.2
17	0.2
18	0.4
19	0.4
20	0.4
21	0.4
22	0.4
23	0.4
24	0.4
25	0.5
26	Died in morning

Total quantity, 6.3 gm.

As above mentioned, these experiments showed, even during the first few days, that in animals at least the effect of Trional occurs more rapidly than that of sulfonal; sleep was produced in from 15 to 20 minutes after its administration by means of the stomach tube. In rare instances a half hour elapsed until the occurrence of sleep. Under administration of sulfonal to animals sleep was not usually produced until the end of two and a half hours. The duration of sleep from Trional was on the average one hour longer than that from the use of sulfonal. Habituation to the remedy could not be observed.

These investigations further revealed that it was possible to poison and finally kill animals with Trional, just as Kast has shown in the case of sulfonal. Enormous qantities, however, are required for this purpose in comparison with the doses required to produce sleep in man, and, on the other hand, in comparison with the weight of the animal, it is also necessary to continue its administration for a long time, and to interrupt it only at infrequent intervals, if at all.

When the experiments communicated here were initiated but few clinical observations on the use of Trional had been published. Starting with the assumption that Trional might perhaps provoke hematoporphyrinuria under circumstances similar to those in the case of sulfonal, special attention was directed to the character of the urine and the histological condition of the kidneys. An abnormal constitution of the urine could not be demonstrated during the course of the experiments. With regard to the histological character of the kidneys, I was able to avail myself of the reports on sulfonal by Kast. Under use of Trional also, the kidneys which were examined in every instance showed no lesions, with the exception of a slight hyperemia, and especially no appearance pointing to an obstruction of the glomeruli. No anatomical changes could be demonstrated at the autopsy in the other organs, the brain, the heart, the liver and the gastro-intestinal canal. I therefore coincide with Kast in the conclusion that death results from a paralysis of the central nervous system, but that for this purpose the doses must be much higher than those required to produce the hypnotic action in human beings; and, further, that a long-continued, uninterrupted method of administration is essential.

At any rate the fact that it is possible to poison animals with Trional, although perhaps somewhat more slowly than with sulfonal, should admonish us in the administration of this remedy to avoid the errors and carelessness which characterized the use of sulfonal during the first year of its introduction. This warning appears the more justified at the present time, in view of an observation recently published regarding hematoporphyrinuria after administration of Trional.

E. Schultze (Deutsche med. Wochenschr., 1894, No. 7) reports the case of a lady 50 years old, who suffered from melancholia and especially complained of loss of appetite, constipation and sleeplessness. All hypnotics proved inefficient with the exception of Trional, which was administered from the middle of December to the middle of January in doses of 0.5 to 1.5 gm. in the evening, the total quantity amounting to 24.0 or 25.0 gm. At the end of 1893 the patient's condition became much worse. She took less nourishment than before, and finally refused all food, while an attempt to feed her through the stomach tube also met with failure, because she always forced up the food. The constipation also constantly increased. On the 20th of January death occured, the patient having been taken from the institution two days previously by relatives. The autopsy therefore could not be made, so that the case in many respects is obscure.

A few days before the death of the patient the nurse noted the red color of the urine, and on chemical examination hematoporphyrin was demonstrated. It cannot be doubted that in this case extraordinarily unfavorable conditions were present—an old feeble woman weakened by prolonged loss of appetite and sleeplessness, who finally refused nourishment completely, and was affected with constipation which could not be removed by any therapeutic means; two factors which in the administration of sulfonal also have shown themselves as especially troublesome. In

view of the numerous favorable observations we are therefore inclined to attribute no significance to this case. We believe, however, that, taken in conjunction with the above-mentioned consideration, it should teach us to be cautious in the administration of Trional, to preserve certain intervals of time between the doses, but especially to pay attention to any unfavorable constitutional conditions and disturbances of digestion that may be present.

The end.

A TRIP THROUGH THE SOUTH.

A trip through the Southern States in the early autumn is a pleasure to be enjoyed more in the realization than in the anticipation, and the journey from Philadelphia to Atlanta, Ga., is filled with delightful scenes, localities and surprises, every foot of the way.

At Baltimore we took passage on one of the magnificent steamers of the Old Bay Line, and at 7 P. M., were on our way down the beautiful Chesapeake. The bell summoned the hungry passengers to an elaborate dinner, which was served in the most tempting manner possible. I venture the assertion that there is not a hotel in the land that feeds its guests any better than the passengers are fed on the Old Bay Line of steamers, because it would seem quite impossible to improve upon the cuisine.

The staterooms are equally as delightful as the meals, and the Seven Sleepers could not find a place more conducive to slumber than in the berths of one of them, rocked on the bosom of the deep, and gently fanned by autumnal zephyrs.

Up in the morning by 6 o'clock, and out on deck to catch a sniff of air, purer than can be found in any crowded city, no matter how favorably located. Old Point Comfort and the famous Fortress Monroe are just ahead of us. We touch land here for a few moments, and passengers for these points go ashore, baggage and freight being deposited on the wharf. As we steam away from these historic places the breakfast bell rings and another one of those wonderful meals is thoroughly enjoyed.

At Portsmouth, Va., we begin our long journey by rail to Atlanta, on the cars of the famous Seaboard Air Line.

Wishing to make the entire trip by daylight, and afford ourselves an opportunity to stop off at Southern Pines, the famous health resort, we took the train directly after 9 o'clock, and soon were rapidly borne through the celebrated trucking region of Virginia, where the delicacies which find their way to the tables of the northern cities come springing from the soil as though magic fingers were pushing them through the surface under the dark, rich earth.

Much has been written and said of the inconvenience of travel on Southern railways, and the slow time which the trains make, but this cannot apply to the Seaboard Air Line, for nowhere can one find better accomodations, handsomer coaches, and better train service or faster average speed. The trains on this line are more regularly "on time" than any on which I have traveled through the South. It is a model railroad, and is, unquestionably, the favorite route from the North to the South.

After leaving the trucking region of Virginia, halting every now and then at some thriving little Southern town, we reach the bright tobacco belt of North Carolina, putting one in mind of the tobacco fields of the Connecticut valley, in New England. We pass through the towns of Henderson, Littleton and Franklin, as well as numerous other places of interest to the Northern tourist. Near to Weldon are to be seen traces of the rifle-pits and entrenchments made during the late civil war.

Raleigh is reached about 3.30 P. M., and we were strangely tempted to stop there to look over the city. However, as our plans were made to pass the night at Southern Pines, we could not well interfere with our previous arrangements.

We reached the pine belt, in the wonderful sand hills region of North Carolina shortly after 5 o'clock, and half an hour afterwards were landed at the Southern Pines station. It was now quite dusk when we left the train and wended our way towards the hotel and supper.

This is truly a Northern town in the South. Ten years ago there was nothing of the town excepting a map and a glorious prospect. To-day we were surprised to find it a very delightful place, containing a thrifty population, whose homes are the models of neatness, comfort and hospitality. Four hotels are convenient to the railroad station, each of which

is admirably conducted, while in January the Piney Woods Inn, costing over $100,000, will be open to the ever increasing numbers of winter guests.

What brings so many people to Southern Pines?

If you put this question to one of the residents of the town, or one of the sojourners there, the reply one would invariably receive is that it is because it is one of the healthiest places in the world: and, judging from all appearances, and what competent medical men and others have said on this point, the answer is about correct.

Here are some of the kind words said about Southern Pines:

Dr. A. N. Bell, sanitary expert of New York City:—"I find it difficult to conceive of any other place which so eminently comprehends all the conditions for a winter health resort."

W. Blair Stewart, M. D., instructor in the Philadelphia Medico-Chirurgical College:—"A natural sanitarium; the climate can be highly recommended. Malaria is unknown.

W. C. Wile, A. M., M. D.,LL. D., past surgeon general, G. A. R.:—"Southern Pines has all the qualifications of a genuine health resort."

Howard Van Rensselear, Ph. D., M. D., Editor Medical Annals:—"Particularly valuable for those persons who are run down in health, and especially for those with consuming tuberculosis."

Homeopathic Physician, of Philadelphia, Pa.:—"Prominent physicians have visited the place for investigation and without a single exception say it is the best."

Cincinnati Medical Journal, April, 1894:—"Thousands of Northern invalids have visited the place and many remarkable cures have been effected."

The Prescription, April, 1894:—"It's bound to prove a Mecca for people suffering from pulmonary complaints."

Southern Medical World, Nov., 1893:—"A new winter health resort, * * * the best in the United States."

The Sanitarian, March, 1894:—"In soil and climate Nature seems to have made it an ideal place. The air is dry, balmy, balsamic and ozonic."

New York Polyclinic, March, 1894:—"Situated in the centre of the renowned long-leaf pine belt, famous alike for its elevation, its health-giving, balsamic odors, and its absolute freedom from malaria. There is absolutely no moisture in the atmosphere. The hotels are first-class and reasonable in their charges."

New York World, February, 1892:—"The air is very dry and salubrious."

New York Sun, July 6, 1890:—"The contentment of the people is found in the fact that some members of about two-thirds of the families there have been afflicted, and coming to this place have found health. It is probably the most contented lot of Northern people to be found in the South."

Baltimore Sun, February 9, 1891:—"The enthusiasm with which all these Northern settlers speak of the climate, the country and its possibilities is very striking. As to the benefits to health, there seems to be no manner of doubt. There is but one expression of opinion on that subject."

Harper's Weekly, February 21, 1891:—"Sandy soil and shadowing pines that gave out health and healing whenever the wind moved their branches. Some one adventurous individual discovered this and came down from the North, and when he found himself better wrote to other sufferers, and brought so many of them to the Pines that there was soon a little colony."

New England Medical Monthly:—"One point impressed me at once—the desire to sleep. It was said by the people who were there for their health that the desire for sleep for the first two or three weeks is almost irresistible. Rest, blessed rest, give Nature a chance to get in her fine work."

There is no doubt that the above quotations are made by persons who have been to Southern Pines and know what they were talking about.

The credit for the building up of Southern Pines is due to the intelligent and persistent efforts of Hon. John T. Patrick, who has left nothing undone to make the place a success.

The supper served at the Ozone Hotel was excellent, but we hurried through that we might take a stroll about the town, for we were obliged to take the early morning train for Atlanta. We regretted that we could not look over Mr. Patrick's new town at Pine Bluff, seven miles south of Southern Pines on the same line of railroad. This town is likewise being built up by men from the

North and East, and will soon be a stalwart rival of Southern Pines.

After a good night's rest and a tempting breakfast we boarded the "Atlanta Special" at 10 minutes past 7 o'clock. What a flyer this train is! We glide swiftly through the turpentine forests, past cabin homes, cottages and odd-looking villages. Fifty miles we run without a stop and never at a speed less than 35 miles an hour. On, on we go, past cotton fields, corn fields, farm houses, factories and flag stations. We rumble over bridges and across flashing streams, catching flying glances of the smaller villages as we glide through them.

North Carolina is behind us, and we are in Governor Tillman's State. It would have given us pleasure to have Clinton, Greenwood and Abbeville, walked through the streets of Chester, South Carolina, but we had to content ourselves with a car-window inspection of these places.

After leaving South Carolina a succession of Georgia scenery greets our vision. How different it all is from a railroad journey in the Northern States. Scenery, people, productions and everything is all unlike that of Pennsylvania or New York. One cannot help but enjoy it and instinctively wish to prolong the trip. The day, however, is advancing, and as the sun sinks with glorious splendor behind the western horizon we realize that the train is approaching a large city, and after a few minutes there is a bustling together of bags and satchels, and the trainmen are shouting "All out for Atlanta!"

As with a sigh of regret, and a feeling of greatly increased knowledge of this wonderful country of ours, we alight from the train at the Union Station, realizing that we have actually arrived at the Gate City of the South.

FRANK S. PARSONS.

HEADACHE.

		gram.	
R	Zinc phosph.....	3 gr.	.18
	Ext. Lucis vom.....	10 gr.	.60
	Confect. rosae, q. s.		

M. Ft.—Massa et in pil No. XXX div.
Sig.—One after each meal for nervous headache. (Fordyce Barker.)

		gram.	
R	Ethoxycaffeini	12 gr.	78
	Sodii salicyl	15 gr.	1
	Aquae distil.	1 oz.	30

M. Sig.—From a teaspoonful to a tablespoonful, as required. (Dujardin-Beaumetz.)

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GONORRHEA AND MARRIAGE.

The disease gonorrhea probably leads to more serious results in those women who become infected than any other venereal disorder. If women do not chance to lose their lives through its means they are generally subjected to life-long misery from salpingitis or peritonitis. The worst of it is that it is the innocent women, who are led in marriage by men supposed to have been cured of gonorrhea, that often suffer most from these diseases.

We have long been taught to look upon syphilis as the more dreaded of the two major venereal diseases. Possibly, so far as men are concerned, this may still be so considered, but it is not the case with women. Indirectly, as gonorrhea may be traced to men, the same can be said of this disease in them. Latent gonorrhea, supposed to have long

since been cured, will often crop out when venereal excesses are indulged in following marriage, and such will most certainly infect the woman. Indeed, syphilis is curable, but it is doubtful if gonorrhea is ever cured in the male. The question, then, naturally arises: Should men with gonorrhea, or who have ever had gonorrhea, marry?

To this we emphatically answer no!

It is possible that the answer might be qualified to read that no gonorrheal male (from the standpoint that all males who have had gonorrhea may be still infectious, and, hence, are to be considered gonorrheal) should marry a non-gonorrheal woman. This disease cannot be called one which is usually transmitted to offspring, and thus the question of transmitting it to posterity is not to be considered so largely.

Why should innocent women be led into unnecessary suffering by a marriage contract with men who cannot control their passions until the proper time?

TUBERCULAR PERITONITIS.

With this issue we are pleased to be able to present to our readers the latest and fullest contribution on the subject of tubercular peritonitis, treated by surgical measures, yet published. It comes fresh from the pen of one of Russia's rising and most eminent pathologists, and has been translated from the French, almost verbatim, by one of our staff. The author deals with his subject in a most masterly manner; commencing first with its history, then the affection as met with in man, and lastly by an extended series of experiments on animals.

It is most remarkable that this great advance has been started through an accidental discovery.

At first sight it strikes one as remarkable how the mere opening of the abdomen and manipulation of its contents should arrest tubercular changes. Certainly scientists can give us no rational explanation of its modus operandi; yet, after all, it is practically the revival of the old principle of counter-irritation. The modern fledgeling, just from the animal laboratory, with his brain rather overstocked with technical knowledge of genius, may sneer at the actual cautery, the moxa and the fly blister, forsooth, because their action is a mystery to him.

Yet, of all the most valuable agents in therapeutics, there is none which excels counter-irritation. The essence of what good follows electricity is through this principle. Laparotomy for tubercular peritonitis is nothing more than our new application of a very ancient principle.

With the human being who is about to have an "operation" performed, he is influenced by another element, no doubt potent as an accessory factor; viz.: by hope, by physical impressions.

In cases of localized peritonitis, in patients otherwise fairly healthy, there can be no question but there is a large field for the new operation; though in the adult, when the disease is generalized, it is scarcely probable that it will accomplish any benefit, or should be practiced at all.

Book Notes.

ASEPTIC-SURGICAL TECHNIQUE. By Hunter Robb, M. D. Published by Lippincott & Co., Philadelphia, Pa.

The author of this work has brought his subject well up to the latest and most approved methods and accepted ideas of the time.

We entirely agree with him that in the last ten years operative surgery has undergone a revolution through the introduction of antiseptics.

Antiseptics which held the field until the past few years, and the claims of which were forcibly pressed on the profession by Gerster and others, he practically discards.

But his multiplicity of technique and minutiae for detail in preparation for operation—the canvas breeches, buckskin slippers, and rubber gloves, in his ideal of asepsis—are as absurd as they are totally needless.

There is considerable about the varieties of bacteria and theories of infection as it applies to gynecology, but little is said under the head of general surgery.

The volume bears the impress of the young laboratory enthusiast, whose ideas and views have not yet been leavened by those years of experience so necessary to temper the ardor of those who think they have found the philosopher's stone, and believe that a past generation of surgeons were little more than rather stupid old fogies.

The cuts in the book are excellent, but it does not seem clear what purpose they serve, other than to exhibit the gynecological department of the Johns Hopkins Hospital.

The monograph, like all the typographical yield from the house of its publishers, in work of the compositor, printer and binder are of the best quality.

MORPHINISM IN MEDICAL MEN. By J. B. Mattison, M. D. Reprint from the Journal American Medical Association.

This monograph by Dr. J. B. Mathison, on "Morphinism in Medical Men," is very interesting and conveys some unfortunate truths. To the question as to why so large a proportion of physicians become addicted to morphia he answers that it depends on various factors, as, wear and tear, neuralgia, experimenting with the drug, an inclination to disregard its rapid effects in the formation of habit, and the resulting slavery to it which is so difficult to overcome, since it saps the will power of the subject. He sounds a warning against the indiscriminate use of the drug, which it would be well for all to heed.

E. W. B.

HOME TREATMENT FOR CATARRHS AND COLDS. By Leonard A. Dessar, M. D. Published by the New York Publishing Company, New York.

This monograph is intended to inform the public how they should care for themselves to prevent chronic and acute inflammatory diseases of the air passages. So far as this intention goes the work is, perhaps, a good one, but in our opinion the author has attempted to instruct the laity in the treatment of diseases where the advice of a good physician is needed. Individual cases differ so greatly as to causative factors in these catarrhal troubles, that without a complete knowledge of medicine, such as the laity do not have, one may fall into serious error in attempting to follow the dictations of such medico-secular works. Without enumerating, there are directions in this little book, which, in the hands of physicians, might be conducive to good results, but which in the hands of the laity would run great danger of doing harm. The topics discussed are of interest to the general reader in view of the prevalence of catarrhal troubles in this country, owing to our variable atmospheric conditions. In simple language, devoid of technical verbiage, the author describes the structure and functions of the nose, throat and ear, the various affections of these organs, their causation and symptoms, prevention and treatment.

LANDMARKS IN GYNECOLOGY. By Byron Robinson, B. S., M. D. Published by Geo. S. Davis, Detroit, Mich. 2 vols. Price 25 cents each.

This work is in two volumes of the Physician's Leisure Library and contains some valuable points relative to the treatment of diseases of women. The author has divided his subject into six "landmarks"—First, Anatomy; second, menstruation; third, labor; fourth, abortion; fifth, gonorrhea; sixth, tumors. Each of these divisions presents a subject of its own for discussion, and which the author has handled in an excellent manner.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. By Walter Porter Manton, M. D. Published by The F. A. Davis Co., Philadelphia.

This manual on embryology is intended for the medical student and practitioner as a prelimination to the study of obstetrics and gynecology. It is interleaved with blank pages for the purpose of note-taking. Reference foot notes add to the value of this little work. It is admirably adapted to aid students in embryology.

THE MODERN AND HUMANE TREATMENT OF THE MORPHINE DISEASE. By J. B. Mattison, M. D. Reprint from Medical Record, December 23, 1893.

RATIONAL MEDICINE AND CHARLATANRY. By Burnside Foster, M. D. Reprint from Northwestern Lancet, 1894.

BLOODLESS VAGINAL MYOMECTOMY. By Oscar J. Mayer, M. D., San Francisco, Cal. Reprinted from the Journal of the American Medical Association, July 21, 1894.

MASSAGE IN GYNECOLOGY. By Oscar J. Mayer, M. D., San Francisco, Cal. Reprinted from the Journal of the American Medical Association, August 11, 1894.

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, 1894. REPORT OF THE COMMITTEE ON CAR SANITATION. By G. P. Conn, M. D., Concord, N. H.

THE BUBO PLAGUE IN CHINA, WITH A BRIEF ACCOUNT OF THE GREAT PLAGUE OF LONDON. By Burnside Foster, M. D. Reprinted from the Journal of the American Medical Association, September 22, 1894.

SPINDLE-CELL SARCOMA AND EPITHELIOMA; A REPORT OF CASES. By W. Blair Stewart, A. M., M. D. Reprint from the American Medico-Surgical Bulletin, September 1, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D, 115 W. 49th St., New York.

EXPERIMENTAL RESEARCH ON THE INFLUENCE OF LAPAROTOMY ON TUBERCULAR PERITONITIS.

Par M. C. Dr. N. Stehegoleff, de St. Petersburg. Archives de Medicine, Experimentale et L'Anatomie Pathologicale, Sept., '94.)

Since the grand epoch of Lister's great discovery, surgery has entered on a new era, and we daily see now cases assigned to the surgeon which formerly belonged to the domain of medicine. Among the most important advances in this direction we must place the surgical procedure for the treatment of tubercular peritonitis.

This malady we as often witness in the adult as in the child. With children M. Berthez et Rilliet saw it the most frequently between the ages of 8 and 10 years, males being more often affected than girls. We find in their statistics 86 cases—53 boys and 33 girls.

Philip, in 2230 autopsies in adults, found 107 cases of tubercular peritonitis, a proportion of about 4 per 100. (After Priban, 4-7, p. 100.)

Prognosis of tubercular peritonitis formerly was very grave, except with the ascitic variety, which was tested by repeated punctures.

But our predictions have been vastly changed since operative treatment has been introduced.

The first intervention was accidental, by a gynecologist, who committed an error in diagnosis. In 96 cases operated on for tubercular peritonitis, 30 had been diagnosed ovarian tumors.

The first classical cure of this condition was effected by Spencer Wells, who dertaken for this malady was by Konig, who may be regarded as the veritable promoter and propagator of operative treatment of peritonitis.

The great success attending his operations encouraged others to imitate him, and in a short time the operation had become a recognize procedure.

In 1890 Konig reported 131 cases. In 1891, Adelbert, in his thesis, gave the details of 322 observations, to which, if we add those of Roersch and Conitzer, we have a total of 379 cases of tubercular peritonitis treated by laparotomy. Truc in 1886 had 11 cases treated by operation, 9 successes and 2 deaths. Kummel in 30 cases had 2 deaths. Mourange in 100 cases had 40 definite cures. Konig had 85 per cent. of permanent cures. In Well's case his patient was well 25 years after operation. Schilucking, 15 years; Petri, 14 years; Stellwag, 12 years; Gerney, 11 years and a considerable number of 8, 7 and 6 years.

In 358 cases collected by Roesch there were 83 deaths, 33 caused by operation, 51 died from 8 months to a year after surgical treatment.

It may be said that the majority were cured; some relapsed and others sank under operation. A certain number of authors refuse to see any good grounds for surgical treatment in these cases cyst, when he came on an encysted peritonitis of a tubercular character.

The first operation systematically unand deny them a place in legitimate undertook to operate on an ovarian medicine.

Prochornik believed that most of these cases were chronic inflammations of a genital origin, and were not true tuberculosis. Henock, whose experience was extensive, believed that, inasmuch as the specific bacillus was wanting in many instances, they were simply cases of chronic inflammation. There can be no doubt that in not a few the inflammation is not attributable to infection. Nevertheless, that cure does occur by laparotomy when every species of medicine fails cannot be denied. Keetley and Schede, who both found it necessary to operate for hernia after these laparotomies, discovered when the peritoneum is so opened masses of fungating tuberculous matter resorbed, and nothing remaning, but small, bead-like scars of cicatrical tissue, marking their former site. A similar operation was made by Richelot.

How does the mere operating of the peritoneal cavity lead to salutary changes in these cases which resist medication?

This is not definitely known, though it is supposed that the reactionary inflammation provoked by the trauma is favorable; that the admission of light and air, with manipulation in some manner, lead to a healthy reaction. Thus, Keetley, Le Bec, Ahlfeld, Kirshburg, Holfrukol and others, who have had an opportunity to examine the peritonea of those formerly treated by laparatomy found that enormous masses of nodular tuberculous material had disappeared, to be replaced by dense fibrinous formations.

Kichensky, with a view of determining experimentally the influence of laparotomy on the lower animal, infected the abdomens of goats and rabbits with pure tuberculous cultures.

He found that those on which he later made laparotomies survived longer than the ones he left without such treatment, though they all died. Another experimenter, Gatti, basing his experience on the lower animal, denied that a cure succeeded through new, connective-tissue formation, through fibrous formation, through active phagacytosis, or through an infiltration of round cell formation. With him, the epithelial elements were regarded as the sole agents in slowly but steadily disintegrating and resisting the infected protoplasm of tubercle. Gatti observed that this curative change set in after inflammation without any active inflammatory changes.

Nanotti and Baciocchi had noticed improvement in tuberculous animals after laparotomy, but they made no histological studies in connection therewith.

My own experiments were made exclusively on cats. My aim was to limit the spread of the disease and prevent a generalization of the infection, but in this respect. I have been disappointed for it was found that this animal is extremely susceptible to tubercle. The inoculations were pure cultures from human tuberculosis, made into an emulsion and injected into the animals' abdomens, From 12 to 15 days after inoculation the animals commenced to show signs of serious constitutional disturbances. Now, some of them were narcotized by injecting chloral into the saphenous vein. The abdomens were opened and patches of tuberculous infection, were noted over the omentum and intestine. Every operation was made with vigorous asepsis. As a rule, in five days, the wound would be healed.

I inoculated 22 dogs, of which 10 had been laparotomized. Of the 12 spared operation all were dead before the 34th day.

The tableau of anatomo-pathological changes noted bore a striking resemblance to those witnessed in the acute tuberculosis of the adult man; there was always ascites, a layer of tubercular granules over the omentum; some undergoing caseous degeneration.

The mesentery was equally affected and its ganglia greatly tumified.

Of the 10 animals operated on, six succumbed to general tuberculosis from 16 to 30 days after. Three were killed—one 85 days after operation, one 70 days and one 52 days. The fourth is alive and well yet, four months after.

(Note by translator: The author discusses at length the histological and bacteriological changes noted at each autopsy, giving in full his own speculations on the processes observed). The autopsies made on those animals which had been inoculated, subsequently laparatomized and cured, conclusively prove "that the cat may be cured of tubercular peritonitis when a laparatomy is performed early."

SUMMARY.

First—Tubercular peritonitis in cats may be cured by an early laparotomy.

Second—A cure is only possible when laparotomy is performed early; later it will only produce an amelioration of symptoms.

Third—In the processes of regeneration tuberculous products become infiltrated with the embryonic cells, phagocytes and connective tissue elements. Under certain physical agents reacting processes become more accentuated, the embryonic cell infiltrate provides a barrier against any further spread of the infection. The young elements organize, crowding out the tubercular material and replacing it by a fibrous transformation; the bacillus perishing is resorbed as detritus.

Fourth—It is probable that the curative action of a laparotomy is induced by an ensemble of physical agents. Among those comes first a mechanical traumatism, thoracic influences, penetration of the air and admission of light. Irritation follows with such a degree of inflammation as will result in the resorption of the devitalized tubercle.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

Report of fourth annual meeting continued.

The afternoon session opened with an able paper upon the "Physics of Current Distribution," by Mr. W. J. Jenks, M. A. I. E. E. of New York. Although non-therapeutic in character it possessed great practical value and was intently listened to for more than an hour and a half.

The speaker used elaborate diagrams to illustrate the various methods by which electric currents were distributed over great areas in the modern transmission of electric power and light.

Professor A. E. Dolbear, of Tufts College, discussed the physiological effects of the constant current. He said that in the early days of electro-therapeutics no one knew what to expect. Does electricity act differently in a living body from what it does outside of it? He did not think that any relation existed between electric currents and the so-called vital force, but considered the effects of electricity as entirely physical and chemical. We now know that a current of electricity heated the conductor through which it flowed.

We know that it would produce light if the temperature was high enough; that it would bring about chemical decomposition, and that it would produce a magnetic field. These facts were as true for the body as for circuits of metallic wire, and this he thought explained its effects. He did not think that electricity had inherently either curative or destructive qualities, but thought its action depended entirely upon the substance on which it acted. Electricity was not "life" any more than heat is life, but it acts primarily upon molecules. It disturbs their arrangement, shakes them apart and permits a new arrangement of them. Electro-magnetism underlies all chemical action. Since Maxwell's work has been verified, it is probable that all atoms are magnets, for they are all able to set up electro-magnetic veins. This makes it pretty certain that the human body itself is made up of an enormous number of atomic magnets, and that ultimately all the physical and chemical phenomena in it are taking place in electrical and magnetic fields, and that the skill of the electro-therapeutist is properly directed to the fundamental properties of the elements themselves. Functions of all sorts are electro-magnetic in their last analysis. This fact is full of suggestion to the physician who treats functional diseases. Professor Dolbear concluded that "although death might be necessary for the benefit of the human race, it was not necessary for the individual."

Having disposed of the physico-physiological effects, etc., of the galvanic current, the therapeutic portion of the subject was then taken up.

Dr. Massey referred to the misconception of those who regarded electricity as merely a nerve and muscle stimulant, and spoke at length of its great value in catarrhal affections of the uterus and its lining membrane.

He declared that the immense value of the galvanic current in gynecology was an unknown quantity to the great majority of physicians, a fact which is hard to explain, when it is remembered how rapidly new and doubtful methods and remedies are taken up by the profession. Dr. Massey then recited six leading causes of uterine disease and quoted 34 unselected cases, with results of treatment. While not to be over-praised or accorded too wide a range of action, yet it must be admitted that if properly used and its use restricted to proper applications, no other agent could take its place in gynecology. It surpasses in value all topical treatments, such as for years have been routine practice in clinical work. An important contribution to the subject had been sent to the convention by Apostoli, of Paris, and was next read by Dr. A. L. Smith. It was entitled "The Ultimate Results of Conservative Electrical Treatment in Gynecology."

The author maintained his oft-repeated belief that electricity holds the foremost

place in conservative gynecology. The positive and negative poles of the galvanic and faradic currents overcome that great trio of pelvic evils—hemorrhage, amenorrhea and pain. One of the most valuable properties of the galvanic current is its microbicidal action.

In regard to the effect of electricity in uterine fibroids Apostoli stated that conservative treatment sufficed in 90 per cent. of his cases, a conclusion reached after 12 years' observation of over 2000 carefully recorded cases. Electricity, morcover, possessed certain advantages of great value. It rarely harmed and practically never killed a patient. The same could not be said of operative measures. Still further, he asserted as one of the cardinal virtues of electrical treatment that women so treated were placed by it in the best possible functional condition. From the fact that pregnancy so frequently follows recovery from pathological states he did not attempt to draw the conclusion that electricity favors pregnancy, but simply considered it as proof that electricity does not interfere with pregnancy as caustics, amputations and various other methods of treatment do. Bearing directly on this question of pregnancy following recovery under electrical treatment, Apostoli reported 80 cases hitherto unpublished upon which he based the above conclusions. In closing his interesting paper, the author affirmed that intra-uterine galvanism takes front rank in conservative methods because it gives symptomatic relief; because it is sovereign in metritis, endometritis, hemorrhage, etc.; because where it fails to benefit it clears up the diagnosis and opens the way to an operation previously refused; because when sterility is due to disease of the lining membrane of the womb electricity is often efficacious, and, finally, he declared that electricity was not hostile to surgery, but was its ally.

"The Action of Electricity on the Sympathetic" furnished a theme for Dr. A. D. Rockwell. He considered it a subject of exceeding interest. External and percutaneous applications of galvanic and faradic currents failed to substantiate the views held by early investigators as to the effect of electricity upon the sympathetic nervous system. The cause of this failure is apparent. The possibility of influencing the deeper nervous structures by means of surface applications of sufficient strength is materially affected by the idiosyncracies of individual susceptibility. Dr. Rockwell then related his various experiments on rabbits directly upon the cervical sympathetics. His conclusions were also based upon the observations of the effect of treatment in a large number of cases exophthalmic goitre. As this disease was due to a derangement of the sympathetic systems, it seemed proper to credit favorable results of treatment to the action of electricity upon the nerves at fault.

Dr. Robinson next stated that in his experience the power of galvanism over exophthalmic goitre was one of the most satisfactory things in electro-therapeutics. He had seen many cases, and deemed its action as little short of miraculous. He believed it to be little use to attack the thyroid gland directly, as we did not have in these cases a primary disease of the gland to deal with. He thought the main thing was to relieve the terrible nervous condition. To accomplish this he was in the habit of applying the positive pole to the neck, with the negative over the apex of the heart. He had no special theory to explain why he did this, but he found that it gave him good results, and he had adopted it as the most satisfactory method he had tried. He passed 10 milliamperes of the constant current three times a week, initiating the dose very carefully, increasing from zero to 10 ma., and reducing gradually to zero. He exercised great care to avoid any shock. In very nervous cases he limited the application to 5 or 8 minutes. He had found this treatment to surpass all medications, and considered its effects in Graves' disease as one of the triumphs of electro-therapeutics.

Other speakers had not obtained equally good results.

Dr. Beaver had treated a case of spinal neurasthenia by passing the current through the solar plexus. One electrode was placed over the epigastric and the other over the lower dorsal spine. This caused faintness and had to be discontinued. He also cited another case in which galvanism had created sympathetic disturbances.

Dr. Smith reported a case he had seen in Berlin, where he believed that the patient's life was saved by faradic stimulation. The case was one of chloroform narcosis. One electrode was placed on the side of the neck, while with the other single contacts were made at regular intervals to the epigastrium. Each contact caused a deep breath. The process was kept up for several minutes and finally she revived.

Dr. Morton next told of treating exophthalmic goitre by strong induction currents passed through the neck. By increasing the current gradually a very great tolerance can be acquired in a short time.

Four to six weeks of such treatment gave great improvement in many of the symptoms, but not in all. He placed one pole over the gland and the other on the back of the neck.

Galvanism might cause disturbances as others had related, but faradism did not, and did no harm in any case.

Dr. Rockwell favored the use of both currents and all means to relieve. The disease was obdurate, and he welcomed every aid to treatment.

(To be continued.)

Obstetrics.

FIBROIDS AND CONCEPTION, PREGNANCY AND LABOR.

Hofmeier, in a very complete and well-tabulated essay, denies that fibroid disease of the uterus has any direct influence in causing sterility. Statistics do not show that, as has been alleged, subserous myoma predisposes considerably to sterility, whilst polypi and myoma of the cervix have little influence in that direction; nor can it be shown that fibroids promote fertility. These tumors seldom begin to appear till late in sexual life, so that if the patient is barren or a multipara the causes of her sterility or fecundity must have influenced her long before the development of her fibroid. The alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which the most readily drives a spinster to the gynecologist, whilst middle-aged married women trouble less about small and slow-growing abdominal swellings. Women with fibroids who marry late in sexual life are fairly fertile, though Hofmeier can hardly make out cause and effect in this fact. Fibroids by no means strongly predispose to abortion. It seems that this accident happens only when the uterine cavity is rendered unfit to bear through the size and relations of the tumor; nor does fibroid greatly interfere with the uterine contractions during labor. The best time for hysterectomy is not immediately after delivery, but a few weeks or months later.

Zeitscher. f. Geburtsh, u. Gyndnak., vol. xxx, 1894.

THE KIDNEY OF PREGNANCY.

Trantenroth finds that in about half the cases of pregnancy in healthy women, primiparæ or otherwise, a trifling amount of albuminuria is to be detected in the second half of pregnancy. In a minority of cases this symptom is not due to renal changes; in the majority it represents a special morbid condition best termed "the kidney of pregnancy." As a rule this condition involves no symptoms besides changes in the kidney. Eclampsia and oedema are rare. The pregnancy kidney never changes into the kidney of any chronic form of nephritis. There is no true nephritis of pregnancy. Albuminuria is the rule during labor, especially in primiparæ, and casts (usually hyaline) are to be found in almost a third of the cases. In the albuminuria of pregnancy casts are much rarer. The albuminuria of labor is most marked during the period of dilatation, and disappears rapidly during childbed, except when there is fever. Later on, towards the second week, albuminuria usually indicates catarrh of the lower part of the urinary tract. The albuminuria of pregnancy and labor does not render chloroform dangerous. Renal disease existing before pregnancy is greatly aggravated by that condition, often ending in death of the ovum and abortion, after which the disease abates more or less. The causes of pregnancy kidney are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood and, in special cases, obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fœtal head. The last two causes apply to the kidney of labor (Geburtsniere), where also septic changes from pieces of fœtal appendages play a part. The degree of the changes which make up the kidney of pregnancy depends on the resisting power of that organ in the individual patient.

Zeitscher. f. Geburtsh, u. Gyndnak., vol. xxx, pt. 1, 1894.

REMARKABLE GROWTH.

The most remarkable instance of rapid growth is said to be recorded by the French Academy in 1729. It was a boy 6 years of age, 5 feet 6 inches in height. At the age of 5 his voice changed, at 6 his beard had grown, and he appeared a man of 30. He possessed great physical strength, and could easily lift to his shoulders and carry bags of grain weighing 200 pounds. His decline was as rapid as his growth. At 8 his hair and beard were gray; at 10 he tottered in his walk, his teeth fell out and his hands became palsied, at 12 he died with every outward sign of extreme old age.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.,
PHILADELPHIA.

All physicians are acquainted with the widely prevalent belief to the effect that a basin of water under the bed will reduce fever, and doubtless many, when called to see a feverish patient, have noticed under the bed the basin of water quietly performing its duty. Perhaps, after all, there may be a slight foundation for this ancient belief, as I have lately read an article advocating a basin of water in the sick room as a nerve sedative.

If the moisture from the evaporating water calms irritated nerves, it may also assist in lessening the discomfort of the fever patient, even if it does not abate his fever.

* * *

Some physicians, and especially the younger ones, are so anxious to see their names over therapeutic discoveries or innovations that occasionally their discoveries border on the ludicrous. Now I think arsenite of copper is a good medium for certain forms of diarrhea, but I doubt very much whether it will cure fits.

The young Aesculapius I allude to gave minute doses of this preparation to one child with whooping-cough, and as the child got better, arsenite of copper is put down as good for whooping-cough.

He also gave it to sixteen women with after-pains, and as they all recovered, arsenite of copper is labeled as a good antispasmodic for after-pains. In dysmenorrhea he gives arsenite of copper in connection with tincture of pulsatilla, and when the patient is relieved, he traces it to the copper.

Tincture of pulsatilla is an excellent remedy for dysmenorrhea and is often given alone with good result, so I am inclined to think his success will be as great if the next time he leaves out the copper.

* * *

Adding a new medicine to an old and tried one and then ascribing the cure to the first reminds me of an experience with an old farmer some years ago. I was out at his farm house overnight, and at supper he ate with many misgivings and doubtful words and shakes of the head his first dish of oatmeal.

Just before retiring he also consumed an entire big country mince pie. That night he slept but fitfully, saw strange visions and rode wild nightmares, and at breakfast next morning he said: "I'll be dog-goned if I'll eat any more of that there oatmeal. Do you know the blamed stuff kept me awake all night?"

* * *

What do our "gentle readers" think of the following advertisement? It is a verbatim reproduction of the label that I saw on each of a number of large bottles of water in the show window of a Lombard street colored herb doctor:

"COLEMANVILLE MINERAL SPRINGS.
CARVING WATER.

Spring No. 7 contains 18 grains of Alabaster to the gallon and other minerals.

It is known as a cure for malaria, Fevers, Bladder troubles, Female complaints and catarrh by drawing the water through the nostrils into the head.

It cures sores and Sore Feet."

What "carving" water is I am sure I do not know, and what good "alabaster" could possibly be in those various complaints is again a "poser."

* * *

The Czar's attendant physician, I read, is named "Dr. Popoff." There may be nothing in a name, yet at the same time if I were as ill as the Czar is said to be I should send for a man with a less suggestive cognomen.

Physicians' carriages have the right of way in Berlin.

A few years ago Dr. Holmes was asked if he knew anything of an alleged experiment before the French Academy of Medicine demonstrating that the tentrillionth part of a drop of septicemic poison would destroy the life of a guinea pig, it having been publicly argued in Boston that this proved the potency of infinitesimal doses of medicine. Dr. Holmes added in a postscript to his note of reply: "The argument from the effect of animal poisons in small quantities to medicinal substances in general is like saying that because a spark will burn down a city a mutton-chop will feed an army."